3047686083

State of West Virginia Independent Expenditure Reporting Form

In Relation to Z 1 Z Election Year (required in addition to regular campaign finance reports)

	rol" means officers, directors, executive directors or their squivalent, partners, and in the case of
incorporated organizations, owners, of the em	ntity or person making the disbursement for the election earing communication,
me Delkay Com F	Emailconrelducar@ wager.on alephone 304-768-0493
me	Email Telephone
ame	Email Telephone
ame of the custodian of the books	
incipal place of business and addr	ress (Only if the person making the expenditure is not an individual)
PO BOX 2711	CHARLESTON WY 100 MASHINGTON ST
pe of Filing (please choose one):	#201
\$1,000 single time/aggregate expenditur \$500 or more expenditure for any county	re made within a calendar year office or single-county judicial candidate within 15 days and before 12 hours of an election
statewide of suritine expenditure for any statewide	s, legislative or multi-county judicial candidate within 15 days and before 12 hours of an election
\$10,000 or more anytime expenditure	
	Independent Expenditures
	INDA STUMPSE

	W COMMUNICATIONS
Amount of Expenditure:	\$1,160
•	10 31/12
-Date Expenditure was Made:	
Election Cycle:	rimary General Special
Refers to: (candidate name)	
Paid to:	
Amount of Expenditure:	
Date Expenditure was Made: _	
	maryGeneralSpecial
Flection Cycle: M Pris	
Election Cycle: Pri	
Refers to: (candidate name)	
Refers to: (candidate name)	
Refers to: (candidate name) Paid to: Amount of Expenditure:	
Refers to: (candidate name) Paid to: Amount of Expenditure:	

Contributors totaling more than \$250 from the previous calendar year to date whose contributions were made for the purpose of furthering the expenditure (as required by West Virginia Code §3-8-2b (1)(E))

Name of Contributor ______ Date the Contributor Exceeded \$250.00 / / Address __ Occupation of Contributor (if applicable) ______ Employer _____ Employer Address _____ Value of Contribution ______ Description of Contribution (if other than money) _____ is Contibutor a PAC registered in West Virginia? Name of Contributor _____ Date the Contributor Exceeded \$250,00 / / Address ____ Occupation of Contributor (if applicable) ______ Employer _____ Employer Address ____ Value of Contribution ______ Description of Contribution (if other than money) _____ is contributor a PAC registered in West Virginia?____ Name of Contributor ______ Date the Contributor Exceeded \$250.00 / / Occupation of Contributor (If applicable) _____ Employer _____ Employer Address ____ Value of Contribution — Description of Contribution (if other than money) Is contributor a PAC registered in West Virginia?

	OATH OR AFFIRMATION	Add additional pages as necessary
Conrod Lucis		
		rat the attached statement is true and comect
to the best of my knowledge, for all financial tr	ansactions occurring within the period covered by	this statement. Lalso swear or affirm that
all expenditures listed were made using my ov	vn money, and that no money was received by any	other individual, candidate, or committee.

SECRETARY OF STATE
SECRETARY OF STATE

This form must be received in the Secretary of State's Office prior to the close of business to be accepted on that date.

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